

**CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
CITY COUNCIL AGENDA MEMORANDUM**

TO: Mayor and City Council

FROM: Fernando A. Guerra, MD, MPH, Director of Health

SUBJECT: AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT WITH HUMANA HEALTH PLAN OF TEXAS, INC.

DATE: December 9, 2004

SUMMARY AND RECOMMENDATIONS

This ordinance authorizes the Interim City Manager to execute a letter of agreement with HUMANA Health Plan of Texas, Inc. (HUMANA) allowing the San Antonio Metropolitan Health District to receive up to \$30,000.00 for providing immunization services to HUMANA health insurance enrollees for the period October 1, 2004 through September 30, 2005.

Staff recommends approval.

BACKGROUND INFORMATION

The San Antonio Metropolitan Health District (SAMHD) provides immunizations to many residents of San Antonio and Bexar County. Some patients pay SAMHD directly for immunizations and others choose to use their health insurance. SAMHD must contract directly with the HMOs (Health Maintenance Organization) and PPOs (Preferred Provider Organization) to receive reimbursements for immunizations given to patients enrolled in their programs. HUMANA Health Plan of Texas, Inc. is an HMO that desires to contract with SAMHD for services for their Medicare and commercial plan enrollees. This ordinance will allow such an arrangement with HUMANA Health Plan of Texas, Inc. through September 30, 2005.

Under the letter of agreement SAMHD will provide immunizations to eligible HUMANA enrollees for influenza, pneumonia and/or respiratory syncytial virus (RSV), as appropriate. SAMHD will follow all recommendations of the Centers for Disease & Control and Prevention (CDC) including those restricting influenza immunizations to certain high-risk groups.

POLICY ANALYSIS

Acceptance of this proposed letter of agreement will allow SAMHD to obtain reimbursement for services provided.

FISCAL IMPACT

This ordinance will provide up to \$30,000.00 for the SAMHD Public Health Support Revenue Fund. Payments received from HUMANA Health Plan of Texas, Inc. will be deposited into

Special Revenue SAP Fund No. 29057000. This ordinance will place no demand on the City General Fund.

COORDINATION

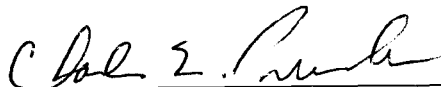
The City Attorney's Office and the Human Resources Department, Risk Management Division have reviewed and approved the Letter of Agreement with HUMANA. The Finance Department has been apprised of this action.

SUPPLEMENTARY COMMENTS

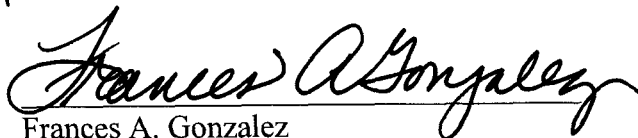
Provisions of the Ethics Ordinance do not apply.

Attachments:

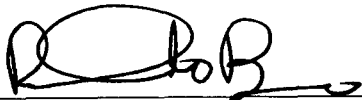
Attachment I: Letter of Agreement



✓ Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager



J. Rolando Bono
Interim City Manager

AN ORDINANCE

AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT WITH HUMANA HEALTH PLAN OF TEXAS, INC. ALLOWING THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT TO BE REIMBURSED UP TO \$30,000.00 FOR PROVIDING IMMUNIZATION SERVICES TO HUMANA HEALTH INSURANCE ENROLLEES FOR THE PERIOD OCTOBER 1, 2004 THROUGH SEPTEMBER 30, 2005.

* * * * *

WHEREAS, the City of San Antonio, through the San Antonio Metropolitan Health District (SAMHD), currently provides comprehensive public health services to protect the health of all residents within the jurisdiction of the District; and

WHEREAS, the SAMHD provides immunizations against influenza, pneumonia and respiratory syncytial virus (RSV) in accordance with recommendations promulgated by the Centers for Disease Control and Prevention of the U. S. Public Health Service; and

WHEREAS, HUMANA Health Plan of Texas, Inc. (HUMANA) desires to contract with SAMHD through a Letter of Agreement to provide said immunization services to their enrollees for the period October 1, 2004 through September 30, 2005; and

WHEREAS, it is now necessary approve the execution of the Letter of Agreement for the immunization services to be provided to HUMANA enrollees; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The Interim City Manager, or his designee, is authorized to execute the Letter of Agreement with HUMANA Health Plan of Texas, Inc. to provide immunization services to HUMANA enrollees for the period October 1, 2004 through September 30, 2005. A copy of the Letter of Agreement, in substantially correct form, is attached hereto and incorporated herein for all purposes as Attachment I.

SECTION 2. SAP Fund No. 29057000, Public Health Support Revenue Fund, Funds Center 3601180000, SAP GL No. 4402150 is hereby designated for use in accounting for the fiscal transactions of this project.

SECTION 3. Payments received from HUMANA Health Plan of Texas, Inc. are to be deposited into above-designated fund, Cost Center 3601180001, SAP Order Number 236000000046.

SECTION 4. The Director of Finance may, subject to concurrence by the Interim City Manager or the Interim City Manager's designee, correct allocation to specific internal order numbers,

account numbers and fund numbers as necessary to carry out the purpose of this ordinance.

SECTION 5. This ordinance will become effective on and after the tenth (10th) day after the passage hereof.

SECTION 6. If any agreement, as first reviewed and approved by the City Attorney, is not signed by both parties within sixty (60) days from the effective date of this ordinance, it becomes null and void, and any further signed documents must be considered by the City Council.

PASSED AND APPROVED this _____ day of December, 2004.

M A Y O R

ATTEST:

City Clerk

APPROVED AS TO FORM: _____

City Attorney

LETTER OF AGREEMENT

This Agreement is entered into by and between HUMANA Health Plan of Texas, Inc. (a health maintenance organization) and its Texas licensed affiliates who underwrite or administer health plans (hereinafter referred to as "HUMANA"), and the City of San Antonio, a Texas municipal corporation (hereinafter referred to as "CITY"), acting by and through the Assistant City Manager for the San Antonio Metropolitan Health District (hereinafter referred to as "PROVIDER") pursuant to Ordinance No. _____ passed and approved on _____

The following details outline certain general terms and conditions for this AGREEMENT between HUMANA and PROVIDER.

1. PROVIDER agrees to accept as payment in full from HUMANA for providing immunizations services (ATTACHMENT II) rendered to the ENROLLEE listed on the attached enclosure (ATTACHMENT I).
2. HUMANA will reimburse PROVIDER up to the limitations of the ENROLLEE'S benefits at which time subsequent reimbursement will be the responsibility of ENROLLEE.
3. PROVIDER agrees to verify eligibility of each HUMANA member using the member's ID card and another identification document.

The effective date of this Letter of Agreement is October 1, 2004, and the expiration date is September 30, 2005.

HUMANA

CITY OF SAN ANTONIO

George F. Smith, M.D.
Regional Vice President
Senior Products

Frances A. Gonzalez
Assistant City Manager

ATTEST:

Date

Leticia M. Vacek
City Clerk

APPROVED AS TO FORM:

John A. Callaghan
Contractor

Andrew Martin
City Attorney

Tax ID: 1-74600270
Points of Contact and Telephone
Director of Health:

Fernando A. Guerra, MD, MPH
210-207-8731

Fiscal Officer:
Ramon Sanchez
210-207-8721

Distribution:
Rosemary Salinas
Andrea Harvel
Deanna Grist
Pam Taylor
Rolando Trevino
LOA Binder

Customer Service
Customer Service-Green Bay
Health Services: Personal Nurse
Health Services: Referrals (if a referral is required)
Financial Recovery

ATTACHMENT I

Billing Documentation

Billing: District will bill HUMANA for influenza services to HUMANA members on a monthly basis providing the following information in an Excel© file format:

Member Name
Member ID
Date of Birth
Date of Service
CPT
PCP Name

HUMANA will reimburse District within 45 days of the receipt of the monthly invoice for influenza services to HUMANA members.

ATTACHMENT II

		<i>Humana Fee</i>
		<i>Schedule</i>
<i>CODE</i>	<i>CODE DESCRIPTION</i>	<i>079 087</i>
90378	Synagis	*
90657	FLU 6-35 MO	\$ 8.02
90658	FLU 3YRS	\$14.21
90669	PNEUMOCOCCAL PED-Prevnar	\$76.13
90732	PNEUMOCOCCAL VAC	\$20.00

* Vaccine will be charged at a rate of \$11.96 per mg. Dosing is weight dependent.